REQUEST

ELECTRONIC CAPITAL PLANNING AND INVESTMENT CONTROL (&CPIC) ACCOUNT

Fax the completed form with approvals to AOT-1, Office of IT Optimization & Performance Tracking, Office of the Chief Information Officer, Room 601, FOB10A: 202-267-5080. Call Cecilia Hackett on 202-267-3316 or Jean Komeskie on 609-485-6657 if you have any questions.

Request Date			
First Name	Middle Initial		Last Name
Title	Organization Code		
Address			
City	State	Zip Code	
Office Phone Number		Fax Number	
Email Address			
Contractor: Yes/No(Contractors will need t	o sign a Non-Disclosure Agre	eement)	
I have read and agree to copy is attached to this		nformation System User Responsibil	ities and a signe
Signature		Date	
Projects and Permission Number, and Project Ma		need access to: (List Project Name	, eCPIC Project
Project Manager Appro	val/Signature	Date	
	r investments, the LOB/SO P estments, the Project Manage	Portfolio Manager must approve access must approve access.	SS.
Your Project Role / Pos	ition Title		
Have you received eCP	IC training? Yes/No		